

of fractionated radiation and weekly nab-paclitaxel was safe and well tolerated. This regimen represents a potentially promising therapy for patients with unresectable and borderline resectable pancreatic cancer and warrants further investigation.

2224

Characterizing vigilant thoughts and behaviors that disrupt sleep in veterans and utilization of cognitive techniques

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OBJECTIVES/SPECIFIC AIMS: Sleep disturbance is a common problem following military deployment. Insomnia is associated with other adverse psychiatric and medical health outcomes. There are specialized cognitive behavioral therapies that can effectively treat insomnia; however, these tend to emphasize dysfunctional beliefs about sleep rather than nocturnal vigilance. Deployment to a threatening environment can engender nocturnal vigilance, which appears to be a salient feature of sleep disturbance in formerly deployed veterans. The purpose of this analysis is to characterize sleep-interfering thoughts and behaviors observed in an ongoing pilot study of a novel 2-session intervention incorporating various cognitive techniques to improve sleep in veterans. **METHODS/STUDY POPULATION:** To date, 10 formerly deployed US veterans with disturbed sleep have been recruited from the greater DC area. Participants are assessed at baseline, receive 2 intervention sessions, and are again assessed in 3 months. Sleep-interfering thoughts and behaviors are evaluated via self-report forms including the Fear of Sleep Inventory (FoSI), interviews, and prospective diaries. A portion of both intervention sessions addresses vigilant behaviors and sleep-interfering thoughts by teaching participants 1 of 4 techniques that target nocturnal vigilance: cognitive defusion, body scan, self-guided pleasant imagery, and dream rescripting. **RESULTS/ANTICIPATED RESULTS:** All of the first 10 participants endorsed sleep-interfering thoughts on the Fear of Sleep Index (FOSI) at a severity level of at least "a few times per month" (rating of ≥ 1), including several regarding previous trauma (#5) and nightmares (#10 and #16). Other elicited thoughts included thoughts about their environment (n=6), sleep (n=5), social or occupational concerns (n=8), nightmares (n=5), and health (n=4). All of the first 10 participants endorsed vigilant behaviors, including being over-attentive to their environment (n=7), checking behaviors (n=6), and being "on-guard" (n=8). Cognitive technique was selected by the participant in collaboration with the facilitator. Customized recommendations were given as to the timing and duration of practice, but all participants were instructed to practice at least once daily. Three participants (n=3) were fully compliant with their cognitive technique recommendations (choosing a body scan or imagery), 5 were partially compliant, and 2 were not compliant (both chose cognitive defusion). There was a significant reduction in sleep onset latency and wake after sleep onset from baseline to post-treatment ($p < 0.05$). **DISCUSSION/SIGNIFICANCE OF IMPACT:** The preliminary data suggests that veterans exhibit cognitive and behavioral patterns that involve vigilance and interfere with sleep and demonstrates the need for an intervention targeting the link between nocturnal vigilance and sleep disturbance. More veteran participants and feedback are needed to optimize the efficacy and effectiveness of this sleep training.

2263

The effect of family history, alcohol expectancies, and sex differences on hangover symptoms following intravenous alcohol self-administration in nondependent drinkers

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OBJECTIVES/SPECIFIC AIMS: The current study examined hangover following IV alcohol self-administration (IV-ASA) using the Computer-Assisted Infusion System. The goal of the study was to identify predictors of hangover, including drinking history, alcohol sensitivity, family history, expectancies, and sex differences in nondependent drinkers. **METHODS/STUDY POPULATION:** The study sample included 89 healthy, nondependent drinkers aged 21–45 years. After a screening to exclude any medical illness or psychiatric disorders, participants completed an IV-ASA session. Each session consisted of a 25-minute priming phase, during which participants were prompted to press a button to receive individually standardized alcohol infusions, followed by a 2-hour "open bar" phase, during which they were instructed to recreate a typical drinking experience. Results from the IV-ASA included peak and average BrAC. Drinking patterns were

assessed using the Alcohol Use Disorders Identification Test, which provided 3 subscales: consumption (AUDIT-C), dependence (AUDIT-D), and harmful drinking (AUDIT-H). Subjective response to alcohol was measured using the Drug Effects Questionnaire (DEQ). The Alcohol Hangover Scale (AHS) was used to assess hangover for the period between participants' departure from the study unit and 10 AM the next morning. The Alcohol Effects Questionnaire (AEFQ) is a measure which includes 40 true/false statements about how alcohol typically makes respondents feel, and was used to measure alcohol expectancies. **RESULTS/ANTICIPATED RESULTS:** Results showed that 78% of participants endorsed having at least 1 hangover symptom following IV-ASA. The most commonly reported items were tired, thirsty, headache, and hangover. There was no association between hangover scores and the AUDIT-C or IV-ASA. Because alcohol consumption was not related to hangover symptoms, risky drinking behavior was examined. Results indicated that participants endorsing 4 or more items on the AUDIT-D plus AUDIT-H subscales showed significantly higher average hangover scores. Linear regression analyses indicated that alcohol hangover scores were associated with DEQ items feel, high, and intoxicated. Ongoing analyses are examining additional predictors of hangover including family history, alcohol expectancies, sex differences, and other alcohol sensitivity measures. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The results indicated that risky drinking patterns and alcohol response measures were positively associated with hangover symptoms in non-dependent drinkers, while no correlation between consumption and hangover symptoms were found. Since previous research has shown that greater subjective response is associated with heavy drinking and predictive of alcohol use disorder, it is possible that hangover symptoms is a marker of this relationship. Since the role of hangover in the transition from heavy drinking to disorder still remains unclear, it will be important to characterize this relationship between alcohol sensitivity and hangover as a function of drinking patterns. This understanding may help to prevent this transition from at-risk drinking to alcohol dependent drinking.

2272

Pilot study: Implementing Brief Dialectical Behavior Therapy (DBT-A) group skills training in a public and alternative high school setting

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OBJECTIVES/SPECIFIC AIMS: Engagement in risky behaviors is not uncommon among adolescents. Two factors associated with risk taking are difficulty regulating emotions and impulsivity. Moreover, youth who exhibit higher scores on impulsivity-like personality traits (ie, negative urgency, positive urgency, sensation seeking, lack of premeditation, and lack of perseverance) are at even heightened risk. An effective intervention decreasing risk-taking behavior among adolescent populations in clinical settings is Dialectical Behavioral Therapy for Adolescents (DBT-A), which teaches skills on emotion regulation, distress tolerance, and mindfulness. However, DBT-A has yet to be tested as an intervention for youth in a nonclinical setting. The current study aimed to fill this gap in the literature. **METHODS/STUDY POPULATION:** A 9-week DBT-A skills group was implemented in a public high school classroom (7th-8th graders; N=41) and an alternative high school for at risk youth (7th-12th graders; n=21). Of the 41 youth from the public high school classroom participated, with preintervention and postintervention data provided by 30 participants (retention of 73%). **RESULTS/ANTICIPATED RESULTS:** Results found a significant increase in mindfulness skills and marginally significant increase in emotion regulation skills. Although there was not an overall change in risky behavior among participants, those who were higher on lack of premeditation and positive urgency showed steeper improvements on the skills. The second study at the alternative high school is currently underway, with no current results to report. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This study will demonstrate that DBT-A skills training is feasible in a school-based setting and shows promising preliminary evidence of decreasing risk of engagement in risky health behaviors among adolescents, particularly among high-risk youth.

2276

The impact of social influence and impulsivity on IV alcohol self-administration in non-dependent drinkers

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OBJECTIVES/SPECIFIC AIMS: Impulsivity is a significant predictor of alcohol use and drinking behavior, and has been shown to be a critical trait in those with alcohol use disorder. Suggestibility, or susceptibility to social influence, has been